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January 30, 2006

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.   
Acting Director and Chief Medical Officer

SUBJECT: **HOMELESS PATIENT DISCHARGES**

On November 29, 2005, the Board approved a motion by Supervisor Antonovich, instructing the Department to: 1) work in collaboration with the Chief Administrative Officer, the Departments of Public Social Services and Mental Health, and the Sheriff to report back with recommendations on protocols related to patient discharges of homeless patients, 2) work with the CAO and DPSS to report back on the feasibility to pilot on-site DPSS caseworkers to address the needs of homeless individuals at County medical centers, and 3) report back on the status of the Homeless Services Action Plan. This is the report on the motion.

**Protocols for Patient Discharges**

On January 4, 2005, your Board directed the Directors of DPSS, DCFS, DMH, DHS, DCSS, and Probation, and the Sheriff to report back to your Board within 60 days on departmental discharge policies and procedures which ensure that persons are discharged to appropriate housing and connected with services; barriers to successful implementation of said policies and procedures; and plans to add or modify policies and procedures to ensure discharge of persons from County institutions to appropriate housing and connection with services. In addition, your Board directed the Chief Administrative Office/Service Integration Branch (CAO/SIB) to report back on the discharge policy coordination and enhanced service integration.

DHS participated in a discharge work group convened by SIB. This work group has developed a number of strategies to strengthen and enhance the various County discharge policies and procedures. The work group's strategies are outlined in a report and recommendations prepared by SIB that is being sent separately to your Board. The SIB report incorporates DHS's response to the first part of the November 29, 2005 Board Motion and includes the following detailed recommendations:

- Hire two Supplemental Security Income (SSI)/DHS liaisons to facilitate greater access to disability benefits and to increase SSI approval rates.
- Increase the number of residential substance use treatment and recovery beds for homeless persons.
- Increase the number of recuperative/respite care beds for homeless persons requiring lower level medical management.
- Develop and implement healthcare staff training to better identify, assess and treat patients who are homeless or at risk of becoming homeless by increasing awareness of the complex psychosocial factors impacting these patients and to assist in discharge planning and making effective and thorough referrals to community resources.

#### **Feasibility of Stationing DPSS Eligibility Workers at DHS Medical Centers**

In an effort to assess the feasibility of having DPSS eligibility workers stationed at DHS hospitals to take General Relief, CalWORKs, and food stamp applications, DHS met with representatives from SIB, DPSS and the Sheriff's Department. In order to determine the demand for on-site services at the DHS hospitals, a survey was conducted from December 15, 2005 through January 15, 2006 by social workers at each of the four DHS general acute hospitals. The survey identifies the number of homeless patients who may be eligible for DPSS benefits. Based upon the results of the survey, we will determine the extent to which on-site DPSS eligibility workers will facilitate income and housing support services for persons discharged from County hospitals. The survey also serves as the basis for the development of a staffing plan.

In collaboration with CAO/SIB, DPSS, DMH and the Sheriff's Department, DHS will provide a follow-up report on February 28, 2006 regarding the results of this survey and if feasible, the steps identified to implement DPSS eligibility worker services on-site at DHS hospitals. The February 28, 2006 report will also provide a summary of the four hospitals discharge policies and any enhancements to be made to those policies; results of any investigations related to such incidences; and the contact information of the staff at each of the hospitals who are ultimately responsible for the discharging of patients.

#### **Update of Homeless Services Action Plan**

Attached is an updated version of the July 2004 Homeless Services Action Plan referenced in the Board motion. This was a document prepared by the DHS-PH Homeless Coordinator to outline and describe the focus of her activities. Since that time, there have been multiple homeless planning work groups which have either been initiated by your Board, County agencies or other community/governmental collaborations that have included much of the activities outlined in the Homeless Services Action Plan. Most of these planning endeavors, which include the Special Needs Housing Alliance, Bring LA Home, and the Mental Health Services Act, are still in process. Consequently, the update of the Homeless Services Action Plan includes references to the status of these various planning and implementation activities. The following, highlights a few of the activities that the DHS-PH Homeless Services Unit have been engaged in to improve homeless healthcare planning and service delivery:

- Active partner in the Skid Row Homeless Healthcare Initiative (SRHHI), a collaborative of healthcare and other community providers in the Skid Row area, which has been funded for \$7.1 million to implement projects aimed at improving access to and maintenance of primary healthcare for residents of Central Los Angeles. DHS plays a direct role in two of these projects which include a specialty care demonstration to assist



persons who are homeless in expediting access to and decreasing the no-show rate of specialty care clinic appointments. The second is a medical management project that will provide a physician and a registered nurse from the SRHHI to support the healthcare team within LAC+USC Medical Center. These clinicians will assist in managing and discharging residents of Central Los Angeles and in facilitating the communication between the Medical Center and SRHHI primary healthcare providers.

- Secured a strategic planning firm to initiate and implement a Countywide homeless healthcare planning group to identify and address barriers for homeless persons in accessing and maintaining in primary healthcare. This planning group includes the collaboration of all homeless healthcare providers in Los Angeles County. They are currently evaluating the structure of homeless healthcare service delivery and strategies to better leverage resources and identify new funding streams.
- Initiated a collaborative partnership with the Community Development Commission (CDC) to expand access to housing opportunities for DHS patients who are frequent users of our emergency services. The Homeless Services Unit within DHS continues to establish a close working relationship with CDC and is exploring pilot projects to address the housing needs of our clients.
- Acquired a public health nurse within the Homeless Services Unit to provide enhanced support to community-based homeless service providers in their understanding and response to public health issues.

If you have any questions or need further information, please let me know.

BC:lb  
511:020

Attachment

c: Chief Administrative Officer  
Executive Officer, Board of Supervisors  
County Counsel  
Sheriff  
Director of Public Social Services  
Director of Mental Health  
Director of Children and Family Services  
Director of Community and Senior Services

## DHS/PH Homeless Coordinators Action Plan

**Recommendation #1:** Each hospital, corresponding comprehensive health center and public health center will develop and implement a protocol regarding the appropriate assessment, referral and discharge of any Department of Health Services (DHS) patient who is identified as homeless.

Goal	Lead/Participants	Start Date	End Date	Action Steps	Comments	Status
1. Implement Department of Health Services (DHS) policies that establishes zero tolerance for discharging persons into homelessness.	DHS Hospital Chief Executive Officer's (CEO) and corresponding Comprehensive Health Center Administrators and Public Health Center Directors.  Homeless Coordinator (HC)	04/01/04	Ongoing	<p>1.A. Homeless Coordinator (HC) to survey hospital clusters and public health centers policies and procedures in relation to the assessment and discharge of DHS patients who are homeless.</p> <p>1.B. HC will develop and provide a set of minimal criteria that must be included in protocols.</p> <p>1.C. HC will identify resources and develop a system for providing appropriate referrals for clients.</p> <p>1.D. Each hospital, corresponding comprehensive health center and public health center will submit to HC, a protocol regarding the appropriate assessment, referral and discharge of any DHS patient who is identified as homeless.</p> <p>1.E. Technical assistance, review and protocol approval will be provided by HC.</p>	<p>Protocol's must include an outline of how the information will be disseminated and how staff will acknowledge receipt and accountability.</p> <p>Increasing housing resources is critical for success, making the current homeless planning endeavors all the more vital.</p>	<p>1.A. Completed. (6/04).</p> <p>1.B., 1.C., 1.D., 1.E. At the request of the Board, a County interdepartmental Workgroup was established in January 2005 to evaluate each department's policies/procedures in relation to discharge of homeless individuals and families and to make recommendations for improving County department's ability to discharge clients appropriately and effectively. A number of reports were issued to the Board on current policies/procedures in relation to discharging homeless individuals and families. The final recommendations, including DHS's will be submitted to the Board by the CAO in December 2005.</p>

## DHS/PH Homeless Coordinators Action Plan

**Recommendation #2: Promote the acquisition of public entitlements for qualified persons who are homeless or unstably housed by improving the collaborative processes between DHS and Department of Public Social Services (DPSS).**

Goal	Lead/Participants	Start Date	End Date	Action Steps	Comments	Status
1. Review current collaborations that exist between DHS and Department of Public Social Services (DPSS).	Homeless Coordinator DPSS representative	4/15/04	9/15/04	1.A. DPSS to assign a representative to work with the HC.  1.B. DPSS representative and HC to review current joint activities being performed by DHS and DPSS.	Homeless Coordinator represents DHS on Special Needs Housing Alliance, to identify housing for emancipated youth, homeless mentally ill adults and frail elderly and person's living with HIV/AIDS. This Alliance includes a representative from many County departments including DPSS, which should enhance the collaboration of DHS, DPSS and other County departments.  Through the Bring L.A Home planning process, County interdepartmental coordination/collaborations are being recommended.	1.A. Margaret Quinn, the Director of CALWORKS has been assigned (7/04).  1.B. Met with Ms. Quinn's representative on 9/9/2004. At this meeting, it was determined that the only activity mutually being performed by DPSS and DHS is MediCal applications.
2. Develop new or enhance current collaborations between DHS and DPSS, specifically within the hospital, corresponding comprehensive health center and public health centers.	Homeless Coordinator DPSS representative and others as necessary.	5/15/04	On-going	2.A. DPSS representative and HC to evaluate joint activities and discuss potential enhancements and additional collaborations.  2.B. DPSS representative and HC to develop and provide recommendations within their departments for enhancements or collaborations.	None.	2.A. Meeting 9/9/2004. DPSS indicated that the small number of DHS clients in the hospital at any given time who could benefit from a GR or CALWORKS application does not warrant the manpower it would take to place someone on site.  2.B. Due to the various homeless planning initiatives/workgroups already established, it was decided that through these processes, DPSS and DHS collaborations would be detailed. A survey will be conducted from December 15, 2005 – January 15, 2006 at DHS hospitals to evaluate the feasibility of on-site DPSS applications.



### *DHS/PH Homeless Coordinators Action Plan*

Recommendation #3: Improve the delivery of health care and mental health services for persons who are homeless or unstably housed and living with mental illness by promoting collaborative processes between DHS and Department of Mental Health (DMH).						
Goal	Lead/Participants	Start Date	End Date	Action Steps	Comments	Status
1. Review current collaborations that exist between DHS and Department of Mental Health (DMH).	Homeless Coordinator  DMH representative	4/15/04	9/15/04	1.A. DMH to assign a representative to work with HC.  1.B. DPSS representative and HC to review current joint activities being performed by DHS and DMH.	HC represents DHS on Special Housing Alliance, to identify housing for emancipated youth, homeless mentally ill adults and frail elderly and person's living with HIV/AIDS. This Alliance includes a representative from many County departments including DMH, which should enhance the collaboration of DHS, DMH and other County departments.	1.A. Maria Funk, the Director of Adult Services, has been assigned (7/04).  1.B. Met with Dr. Funk on 9/9/2004. At this meeting, it was determined that the only collaboration impacting homeless is the psychiatric ER.
2. Develop new or enhance current collaborations between DHS and DMH.	Homeless Coordinator  DMH representative and others as necessary.	5/15/04	On-going	2.A. DMH representative and HC to evaluate joint activities and discuss potential enhancements and additional collaborations.  2.B. DMH representative and HC to develop and provide recommendations within their departments for enhancements or collaborations.	None.	2.A. Meeting 9/9/2004. It was determined that the most impactful collaboration between DHS and DMH in relation to homeless would be to increase the number of permanent supportive housing units and to provide coordinated supportive services to address the mental health/substance use/health needs of residents.  2.B. Due to the various homeless planning initiatives/workgroups already established, it was decided that through these processes, DMH and DHS collaborations would be detailed. Both the City's LAHD and the County's CDC are in discussions with both DMH and DHS about the feasibility/necessary steps to establish permanent supportive housing units for homeless individuals who are mentally ill and/or chronically ill, substance users.

### *DHS/PH Homeless Coordinators Action Plan*

Recommendation #4: Improve the accessibility of DHS specialty care for persons who are homeless.						
Goal	Lead/Participants	Start Date	End Date	Action Steps	Comments	Status
1. Identify barriers in accessing DHS specialty care for persons who are homeless.	Homeless Coordinator in collaboration with homeless community health care providers.	6/1/04	10/31/04	1.A. HC to survey a sample of homeless community health care providers throughout LAC to evaluate the barriers to accessing DHS specialty care for persons who are homeless.	HC serves on the Skid Row Homeless Healthcare Initiative, a group formed in response to a study on the health of persons living in the Skid Row area. This group has been established to address barriers in accessing primary and specialty healthcare and to develop an improved system of healthcare in the Skid Row area. The groups proposals will be considered for funding by the Weingart Foundation and other private funding sources.	1.A. Information obtained through the Skid Row Homeless Healthcare Initiative (SRHHI) and Northeast Valley Health Corporation Homeless Healthcare providers indicate the biggest barrier as DHS waiting lists for specialty care appointments being 3-9 months long.
2. Develop recommendations to strengthen the delivery of DHS specialty care to persons who are homeless for the consideration of the medical directors of DHS and PHHP.	Homeless Coordinator in collaboration with homeless community health care providers.	6/1/04	10/30/06	2.A. HC to survey the same sample of homeless community health care providers as surveyed in goal #1 to elicit recommendations to strengthen the delivery of DHS specialty care for persons who are homeless.	Initial results of the demonstration project indicate that the show rate of homeless clients referred by a Skid Row primary healthcare provider to a specialty clinic at LAC+USC medical center went from 10% (pre-demonstration project) to 85%.	2.A. In April 2005, SRHHI initiated a demonstration project to expedite immediate need specialty care referrals from Skid Row primary healthcare providers to LAC+USC medical center outpatient clinics will review after 18 months and make recommendations accordingly.



## DHS/PH Homeless Coordinators Action Plan

Recommendation #5: Increase opportunities for homeless persons to access DHS primary healthcare services.						
Goal	Lead/Participants	Start Date	End Date	Action Steps	Comments	Status
1. Identify barriers in accessing DHS primary healthcare for persons who are homeless.	Homeless Coordinator in collaboration with community and County providers.	4/1/04	10/31/04	<p>1.A. HC to survey a sample of homeless community health care providers throughout LAC to evaluate the barriers to accessing DHS primary health care for persons who are homeless.</p> <p>1.B. HC to conduct literature review for local studies on subject matter.</p>	<p>HC serves on the Skid Row Homeless Healthcare Initiative, a group formed in response to a study on the health of persons living in the Skid Row area. This group has been established to address barriers in accessing primary and specialty healthcare and to develop an improved system of healthcare in the Skid Row area. The groups proposals will be considered for funding by the Weingart Foundation and other private funding sources.</p>	<p>1.A. Information obtained through the Skid Row Homeless Healthcare Initiative (SRHHI) and Northeast Valley Health Corporation Homeless Healthcare providers indicate the biggest barrier in obtaining primary healthcare is the difficulty in getting clients into clinics prior to emergency situations, not providing health services and education within homeless venues i.e. streets, shelters.</p> <p>1.B. Literature verifies above information.</p>
2. Develop recommendations to strengthen the delivery of DHS primary healthcare to persons who are homeless for the consideration of the Medical Director of DHS and Health Officer of PHP.	Homeless Coordinator in collaboration with community and County providers.	6/1/04	12/30/06	<p>2.A. HC to survey the same sample of homeless community health care providers as surveyed in goal #1 to elicit recommendations to strengthen the delivery of DHS primary health care for persons who are homeless.</p>	None.	<p>2.A. SRHHI was funded to provide various projects in the Skid Row area such as health advocates, greater access to transportation, increased/improved healthcare service delivery and collaboration of primary healthcare providers. All homeless healthcare providers are involved in a LA County-wide strategic planning process, funded by DHS/PH to identify and address barriers for persons who are homeless in accessing and maintaining in primary healthcare.</p>



## DHS/PH Homeless Coordinators Action Plan

Recommendation #6: Increase the number of recuperative beds for homeless persons who require home care or assistance with activities of daily living.						
Goal	Lead/ Participants	Start Date	End Date	Action Steps	Comments	Status
1. Evaluate the demand for recuperative beds.	Homeless Coordinator JWCH and the Weingart Center	7/1/04	7/05	1.A. HC to work with JWCH Institute and the Weingart Center (the only provider with recuperative beds in LAC) to determine the past and present occupancy and waiting list rates.	There were a total of 20 recuperative beds in LA County sited at the Weingart Center and operated by JWCH Institute in Skid Row. In addition, the recuperative center does not accept clients who are actively using drugs or alcohol.	1.A. 20 more beds were added in 4/2005. They have been operating at full capacity since October 2005 with no beds available. In addition, the HC gets regular requests for referrals for homeless individuals in need of recuperative care services, especially for wheelchair bound clients.
2. Explore models of recuperative care in other jurisdictions.	Homeless Coordinator	5/1/04	9/30/04	2.A. HC to conduct a literature review of models of recuperative care.	None.	2.A. Best examples- San Francisco's Direct Access Housing (DAH) Program has 700 permanent supportive housing units for chronically homeless individuals who are frequent users of their healthcare system, who may have poor medication compliance or require assistance with daily living. They may actively use drugs and alcohol, although it is discouraged.  Boston's McGuinness House has 90 beds of recuperative care for their homeless population (which is approximately 1/16 <sup>th</sup> of LA's homeless census).
3. Explore funding opportunities and potential collaborations.	Homeless Coordinator Homeless community service providers and other County departments as deemed appropriate.	5/1/04	On-going	3.A. HC to explore the potential of expanding recuperative care provided at JWCH.  3.B. HC to ascertain funding sources of models within other jurisdictions and to determine the feasibility of DHS collaborating with other homeless community service providers or County departments to pursue such funding.	None.	3.A. The number of recuperative beds was expanded, however it is housed in Skid Row and is still not enough given our homeless census count.  3.B. The Bring LA Home Plan will include a recommendation to expand the number of beds and availability of recuperative care for persons who are homeless throughout LA County.

## *DHS/PH Homeless Coordinators Action Plan*

Recommendation #7: Increase the number of permanent supportive housing units for homeless persons and families who are frequent users of DHS services or who are participants in DHS disease management programs.						
Goal	Lead/Participants	Start Date	End Date	Action Steps	Comments	Status
1. Evaluate the demand for permanent supportive housing units.	Homeless Coordinator  DHS Hospital Chief CEO and corresponding Comprehensive Health Center Administrators and Public Health Center Directors.  DHS Hospital and corresponding Comprehensive Health Center and Public Health IT Directors.	5/1/04	4/2005	1.A. HC to work with DHS hospital and corresponding comprehensive health center and public health directors and IT directors to ascertain an effective methodology to determine the number of DHS patients who are homeless and frequent users or participants in DHS disease management programs.	The need for affordable permanent housing continues to be the most critical need cited by community providers and County/other governmental agencies involved in homeless planning groups.  Studies indicate that permanent supportive housing is considered the best way to reduce emergency services and incarceration costs and to increase adherence to services/medications for the chronically homeless who have multiple, complex needs.	1.A. A survey was conducted of all DHS hospital facilities for the month of April 2005 to determine the number of homeless patients. There were approximately 375 patients that reported being homeless. In addition, due to the frequent users initiatives-there is data available on the number of frequent users at both Oliveview and LAC+USC Medical Centers.
2. Explore models of permanent supportive housing in other jurisdictions.	Homeless Coordinator	5/1/04	9/05	2.A. HC to work with conduct a literature review of models of permanent supportive housing.	None.	2.A. There are numerous permanent supportive housing models throughout the Nation. One of the best examples of which is the DAH program referenced in recommendation #6. This program was visited in 9/05 by a number of County and City officials.



# DHS/PH Homeless Coordinators Action Plan

## Recommendation #7 (Cont')

Goal	Lead/ Participants	Start Date	End Date	Action Steps	Comments	Status
3. Explore funding opportunities and potential collaborations.	Homeless community service providers and other County departments as deemed appropriate.	5/1/04	Ongoing	3.A. HC to ascertain funding sources of models within other jurisdictions and to determine the feasibility of DHS collaborating with other homeless community service providers or County departments to pursue such funding.	None.	3.A. Planning discussions between DHS/PH, DMH, CDC, and the City of LA have begun to identify the best process to begin the development of permanent supportive housing for persons who are homeless with a combination of mental illness, chronic illness or physical disabilities and/or substance use issues. Both short term and long term plans are being considered. In addition, the Special Needs Housing Alliance of the CAO is working on implementation plans for developing such housing and multiple recommendations will be forthcoming from homeless planning endeavors.

## DHS/PH Homeless Coordinators Action Plan

Recommendation #8: Improve DHS's collection of data in relation to individuals, children and/or families who are homeless or unstably housed.						
Goal	Lead/Participants	Start Date	End Date	Action Steps	Comments	Status
1. Evaluate the data collection systems within both personal and public health to determine if information on homelessness is currently collected effectively.	Homeless Coordinator  Directors of IT within personal and public health	7/1/04	4/06	1.A. HC to schedule a meeting with the directors to determine the most effective methodology to evaluate all data being collected that captures if patients are homeless.	None.	1.A. HC is working with the DHS data warehousing Manager and has developed a business plan to determine what elements are currently being collected in relation to the identification of persons who are homeless and their characteristics and psychosocial needs.
2. Determine the feasibility of adding data elements related to homeless and housing status to current personal and public health systems.	Homeless Coordinator  Directors of IT	9/1/04	11/15/04	2.A. HC to schedule a meeting with the directors to determine the feasibility of adding desired elements to the current data collection systems	Adding data elements would have to be coordinated with DHS's efforts to standardize/update the facilities data collection systems.	2.A. Once the data warehousing project referenced in 1.A. above is complete, the addition of data elements will be considered.